11320

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (39)

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: St Mary's
City or town: USNAS, Patuxent River, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
USNAS Dispensary, Patuxent River, Md.
How long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: St Mary's
City or town: USNAS, Patuxent River, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.: M.O.Q. 925 D
(If rural, give LOCATION)
2.(a) If veteran, name war: ---

3.(a) FULL NAME: ALLEY, John Jeffery

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single-Newborn

B.(b) Name of husband or wife: ---
B.(c) If alive, give age: --- years

7. Birth date of deceased (mo., day, yr.): November 6, 1945

8. AGE: Years	Months	Days	If less than one day
0	0	10	--- hrs. --- min.

9. Birthplace: USNAS, Patuxent River, Md. (Town, county, and state)
10. Usual occupation: ---
11. Industry or business: ---

FATHER
12. Name: Alley, Charles John
13. Birthplace: Crandon, Wisconson

MOTHER
14. Maiden name: Mac Intyre, Rhea
15. Birthplace: Saulte Ste Marie, Ont. Canada

16. Informant: Father
Address: USNAS, Patuxent River, Md.

17. ~~Burial~~ Transportation (Burial, cremation, or removal. Which?) Date thereof: 11/18/45 (month) (day) (year)
Cemetery or crematory: Fort Atkinson,
Location: ~~Leonardtown, Md.~~ Wisconsin

18. Funeral director: P. B. Robinson
Address: Leonardtown Md.

19. 11/17/1945 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 16 November 1945 at 1558 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6 November 1945, to 16 November 1945 and that I last saw him alive on 16 November 1945

Immediate cause of death	DURATION
Prematurity	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury: Injured at work?

W. S. Wray Comdr. USN

23. SIGNATURE: W. S. Wray Comdr. USN
M. D. or other
Address: USNAS, Patuxent River Date signed: 11-17-45

Evidence for change of age is shown on FILM No. I 00 JAN 11 1946

11321

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92)

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH:
County: St Mary's
City or town: Rural Dist
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: St Mary's
City or town: Ridge
(If outside city or town limits, writes RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME James Aaron Armstrong

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col	M married

6.(b) Name of husband or wife: Ada Matilda Armstrong
6.(c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.): 6-6-1903

8. AGE: Years	Months	Days	If less than one day
42	11	21	hrs. min.

9. Birthplace: Mulberry Tenn (Town, county, and state)
10. Usual occupation: Farming
11. Industry or business

FATHER
12. Name: Bernard Armstrong
13. Birthplace: St Mary's Co Md

MOTHER
14. Maiden name: Priscilla Bell Shelton
15. Birthplace: Virginia

16. Informant: Ada Matilda Armstrong
Address: Ridge

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-30-45 (month) (day) (year)
Cemetery or crematory: Woodland
Location: Burkwood Md

18. Funeral director: W. B. Watkins & Bro.,
Address: Loveville Md

19. 11-28-45 (Date rec'd by registrar) R. V. Palmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27 1945 at 8:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from dead 19.. to 19.. and that I last saw h.. alive on 11-27 19 45

Immediate cause of death	DURATION
Cerebral hemorrhage	2 minutes
Due to: Aortic regurgitation	5 yrs
Due to:	
Other conditions: Rheumatic fever 1940 diagnosed by Dr. [illegible]	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer M. D. or other
Address Leonardtown Date signed 11-28-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

CERTIFICATE OF DEATH

11322

Reg. Dist. No. 282

1. PLACE OF DEATH:
County St. Mary's
City or town Naval Test Center, Patuxent Riv
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3½ years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County St Mary's
City or town Naval Test Center Patuxent River Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Howard Frater Britton

3. (b) Social Security Number

4. Sex M.
5. Color or race Wh
6.(a) Single, married, widowed, or divorced married
6.(b) Name of husband or wife Mary Rollins Britton
6.(c) If alive, give age 67 years
7. Birth date of deceased (mo., day, yr.) Feb. 26 1876

8. AGE:

Years	Months	Days	If less than one day
69	8	29	....hrs. ....min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual occupation Bookkeeper
11. Industry or business Unemployed

FATHER
12. Name ~~Richard~~ Oscar P. Britton
13. Birthplace Petersburg Va.

MOTHER
14. Maiden name Mary Jane Britton
15. Birthplace England

16. Informant Howard R. Britton Sr
Address Patuxent River Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 27 1945 (month) (day) (year)
Cemetery or crematory Trinity
Location St Mary's City Md
18. Funeral director W C Mattingley Sons
Address Leonardtown Md
19. 11/27/1945 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 25 1945, at 12:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from On November 25 1945, to 19
and that I last saw him alive on only when deceased. 19

Immediate cause of death	DURATION
Pulmonary Hemorrhage	—
Due to Metastatic Carcinoma of lungs	1 year
Due to Primary Carcinoma of Skin of Face	15 years

Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wm H Patrick MD M. D. or other
Address Pearson Md Date signed 11-25-45

STATE OF MARYLAND—CERTIFICATE OF DEATH

14323

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County St Marys Registration Dist. No. 284

Village or City Chaptico Hosp. Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Helen Elizabeth Brown If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	Col.	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Reed Brown

6. DATE OF BIRTH (month, day, and year) Feb 4th 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home Keeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month end year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Marys Co (State or country) Md.

FATHER

13. NAME Joseph Butler

14. BIRTHPLACE (city or town) St Marys Co (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Turner

16. BIRTHPLACE (city or town) " " (State or country)

17. INFORMANT John Henry Brown (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Ebenezer Church Date Nov 8th, 1945

19. UNDERTAKER Robeson Funeral Director (Address) Leonardtown Md.

20. FILED Nov. 7, 1945 Eleanor S. Carter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov - 5 - , 1945 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1945, to Nov 5th, 1945

I last saw h... alive on Nov 5th, 1945; death is said to have occurred on the date stated above, at 7 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	Nov 5th

Other **Contributory Causes** of importance:

Valvular Heart Disease

Name of operation ... Date of ...

Whet test confirmed diegnosis? ... Wes there an eutopsy? ...

23. If death was due to external causes (VIOLENCE) fill In also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

, Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any wey related to occupetion of deceased? ...

If so, specify ...

(Signed) Levin J. Sothoron M. D.

(Address) Chaptico Hosp. Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11324

★ Reg. Diat. No. 382

1. PLACE OF DEATH:

County: St. Marys

City or town: Mechanicsville (rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: St. Marys

City or town: Mechanicsville, Md. (rural)
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Annie Elizabeth Davis

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

8.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): August 30 1865

8. AGE: Years	Months	Days	If less than one day
80	2	10	..... hrs. ..... min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business

FATHER 12. Name: Thomas Bond

13. Birthplace: Maryland

MOTHER 14. Maiden name: Susanna Hazel

15. Birthplace: Maryland

16. Informant: George L. Davis

Address: Mechanicsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11 /12 /45 (month) (day) (year)

Cemetery or crematory: St. Joseph

Location: Morganza, Maryland.

18. Funeral director: P. B. Robinson

Address: Leonardtown, Md.

19. 11/10 19 45 - Cumalcin (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 9th 19 45 at 8:20 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov. 8 19 45 to Nov 9 19 45

and that I last saw h alive on Nov. 8 - 1945 19

Immediate cause of death	DURATION
Chronic Myocarditis	2
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. B Johnson M. D. or other

Address Morganza Md Date signed Nov 10/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

11325

CERTIFICATE OF DEATH

★ Reg. Dist. No. 282

1. PLACE OF DEATH:
County St. Mary's
City or town Hollywood (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County St. Mary's
City or town Hollywood
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME James Marion Henderson

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of ~~husband~~ or wife Lena E. Henderson
6.(c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) October 6, 1884

8. AGE: Years 61 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation retired

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden name Marie Henderson
15. Birthplace Baltimore Md.

16. Informant Lena E. Henderson
Address Hollywood

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/28/45 (month) (day) (year)
Cemetery or ~~crematory~~ Geo. Washington Memorial
Location Washington, D.C.

18. Funeral director P. B. Robinson
Address Leonardtown, Md.

19. 11/26 (Date rec'd by registrar) 1945 Canalier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 24 1945 at 9:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1, 1945, to Nov. 24 1945
and that I last saw him alive on Nov. 24 1945

Immediate cause of death	DURATION
Heart failure.	2 mos.
Due to Hypertension	—
Due to Chronic Nephritis	—
Other conditions Generalized arteriosclerosis Diabetes Mellitus.	—

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

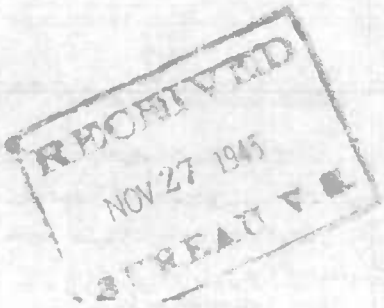
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wm H Patrick M.D.
M. D. or other
Address Pearson Md Date signed 11-28-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15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NOV 27 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46F)

11326

CERTIFICATE OF DEATH

Reg. Dist. No. 2 F 2

1. PLACE OF DEATH:

County St Marys

City or town Leonardtown Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 days

Hospital, institution, or street address where death occurred:

St Marys Hospital

How long in hospital or institution? 30 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Compton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME James Lowell Hiffa

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife Helen Payne Hiffa

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 4, 1900

8. AGE: Years	Months	Days	If less than one day
45	7	5	hrs. 32 min.

9. Birthplace Compton St Marys Co Md

(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business

FATHER 12. Name J. Mitchell Hiffa

FATHER 13. Birthplace St Marys Co

MOTHER 14. Maiden name Julia Mae Smith

MOTHER 15. Birthplace Baltimore Md

16. Informant Herbert Hiffa

Address Compton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 12 1945 (month) (day) (year)

Cemetery or crematory St Francis

Location Compton Md

16. Funeral director W. C. Matthews Hayden Sons

Address Leonardtown Md

19. 11/10 45 (Date rec'd by registrar) 19..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9 1945 at 6.00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 11 1945 to Nov 9 1945 and that I last saw him alive on Nov 4 1945

Immediate cause of death	DURATION
Carcenoma of the Lung	
Due to	2 Mos
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E F Greenwell M.D. or other

Address Leonardtown Date signed Nov 10 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-a)

CERTIFICATE OF DEATH

11327

Reg. Dist. No. 2-56

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Queen Anne's

City or town: Rural Wadesboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Queen Anne's

City or town: Rural Wadesboro

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Md.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: James Hill

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6.(b) Name of husband or wife: Mary Elizabeth Hill

6.(c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): 7-16-1867

8. AGE: Years	Months	Days	If less than one day
78			...hrs. ...min.

9. Birthplace: Chaptico Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER — 12. Name: Zachariah Hill

13. Birthplace: Chaptico Md.

MOTHER — 14. Maiden name: Elizabeth Harris

15. Birthplace: Chaptico Md.

16. Informant: Leonard M. Hill

Address: Wadesboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-29-1945 (month) (day) (year)

Cemetery or crematory: St. Joseph's

Location: Mechanicsville Md.

18. Funeral director: Robert T. Welch

Address: Chaptico Md.

19. 11-26-1945 (Date rec'd by registrar) R. V. Palmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11-27-1945 at 8:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-11-1945 to 11-27-1945 and that I last saw him alive on 11-26-1945

Immediate cause of death	DURATION
Exhaustion	
Due to Chronic Interstitial nephritis	2 yrs.
Due to Chronic myocarditis	3 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Robert V. Palmer M. D. or other

Address: Chaptico Md. Date signed: 11-28-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (19c)

11328

CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County St. Marys County; Md/ (Rural)
City or town Drayden Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Oklahoma County
City or town Ada
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.F.D. #2
(If rural, give LOCATION)
2.(a) If veteran, name war World War #2 V

3. (a) FULL NAME Bill Joseph Hillerman

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Mrs. Lenora C. Hillerman
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) January 11, 1911

8. AGE: Years	Months	Days	If less than one day
34	10	4	..... hrs. ..... min.

8. Birthplace Ada, Oklahoma (Town, county, and state)
10. Usual occupation Officer
11. Industry or business U.S.Navy.
FATHER 12. Name Benedict Hillerman
FATHER 13. Birthplace Mo ~~Josephine~~
MOTHER 14. Maiden name Josephine Richards
MOTHER 15. Birthplace Kansas
16. Informant Mrs. Lenora C. Hillerman
Address Piney Point Maryland
17. Transportation (Burial, cremation, or removal. Which?) Date thereof 11/18/45 (month) (day) (year)
Cemetery or crematory Sacred Heart
Location Konawa, Okla.
18. Funeral director P. B. Robinson
Address Leonardtown Md.
19. 11/17/45 (Date rec'd by registrar) Canabier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 1945, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Not Attended 19..... to ..... 19.....
and that I last saw him alive on not seen 19.....

Immediate cause of death	DURATION
Exhaustion from overexposure	
Swam Ashore From Duck	
Due to blind and was overcome by	
cold and exhaustion	
Due to following attempt to	
reach farmhouse	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results No pathology found
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 15, 1945
Where did injury occur? Rural St. Mary's Co. Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) On Beach, Drayden Md.
Means of injury Exhaustion Injured at work? No

23. SIGNATURE F. F. Greenwell M. D. or other
Address Leonardtown Date signed 11-14-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (86)

11329

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH:
County St. Mary's
City or town Rural Bushwood
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3½ yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution? 3 mos 1944

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County St. Mary's
City or town Rural Bushwood
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME John Ignatius Hebert

3. (b) Social Security Number

4. Sex m
5. Color or race col
6.(a) Single, married, widowed, or divorced single
6.(b) Name of husband or wife
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.) 4 - 10 - 1942

8. AGE: Years 3 Months 6 Days 25 If less than one day ... hrs. ... min.

9. Birthplace Bushwood Md
(Town, county, and state)
10. Usual occupation none
11. Industry or business
FATHER 12. Name John Mason
13. Birthplace [illegible]
MOTHER 14. Maiden name Mary Delia Hebert
15. Birthplace Bushwood Md.
16. Informant Mary Delia Hebert
Address Bushwood Md
17. Burial Date thereof 11 6 45
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Sacred Heart
Location Bushwood Md
18. Funeral director George Scriber
Address Bushwood Md
19 11-6-1945 R V Palmer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 - 6 - 1945 at 11.30 a.M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19 ... to ... 19 ...
and that I last saw h... alive on — dead — 11 - 6 - 1945

	DURATION
Immediate cause of death [illegible] Convulsions	Suddenly
Due to Sick since birth Born in Hospital	
Due to [illegible]	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings of operations ... Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE Robert V. Palmer
M. D. or other
Address Avenue Md. Date signed 11-6-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11334

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: St Marys

City or town: Leonardtown, Md R.F.D. #1

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Leonardtown, Md R.F.D. #1

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Marie Lucy Lucas

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	married

6.(b) Name of husband or wife: Thomas B. Lucas

6.(c) If alive, give age: 33 years

7. Birth date of deceased (mo., day, yr.): Feb 14 1920

8. AGE:

Years	Months	Days	If less than one day
25	9	1	hrs. min.

9. Birthplace: Chaptico St Marys Md (Town, county, and state)

10. Usual occupation: Home Wife

11. Industry or business

FATHER

12. Name: Daniel Lucy

13. Birthplace: St Marys Co

MOTHER

14. Maiden name: Virginia Elsie Hill

15. Birthplace: St Marys Co

16. Informant: Thomas B. Lucas

Address: Mechanicsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 17 1945 (month) (day) (year)

Cemetery or crematory: Sacred Heart

Location: Bush Wood Md

18. Funeral director: W C Mattingley Sons

Address: Leonardtown Md

19. 11/16 1945 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 15 1945, at 3.26 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1943 to Nov. 15 1945

and that I last saw h. alive on Nov. - 1945

Immediate cause of death	DURATION
Pulmonary Tuberculosis	5 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: none

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Aloysius C. Welch M.D. (M. D. or other)

Address: Chaptico Md Date signed: 11/16/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

11331

Reg. Dist. No. 78

1. PLACE OF DEATH:

County St Marys

City or town Near Leonardtown Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Leonardtown Md
(If outside city or town limits, write RURAL and give nearest town)

Street No. Rural #1
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Rose Ebell Mattingly

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	married

B.(b) Name of husband or wife George T. Mattingly

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 3 - 1872

8. AGE:

Years	Months	Days	If less than one day
73	2	1	..... hrs. ..... min.

9. Birthplace Leonardtown St Marys Maryland
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name George Henry Abell
13. Birthplace St Marys Co

MOTHER
14. Maiden name Jane Elizabeth Gillis
15. Birthplace St Marys Co

16. Informant George T. Mattingly

Address Leonardtown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov - 6 - 1945 (month) (day) (year)

Cemetery or crematory St Aloysius Cemetery

Location Leonardtown Md

19. Funeral director W C Mattingly Sons

Address Leonardtown Md

19. 11/8 (Date rec'd by registrar) 19 45 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4 19 45 at 7.20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 26 19 45 to Nov 4 19 45

and that I last saw h alive on June 2nd 19 45

Immediate cause of death	DURATION
Cerebral Hemorrhage	2 days
Due to Arterial Sclerosis & Dehydration	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE H F Greenwell M. D. or other

Address Leonardtown Md Date signed Nov 5-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

1133287

Reg. Dist. No. .....

1. PLACE OF DEATH:
County St Marys
City or town Patuxent River Naval Base
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution? Not hospitalized

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State N C County -
City or town Lyska
(If outside city or town limits, write RURAL and give nearest town)
Street No. /
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Adolph E. Murray

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	White	Married

6.(b) Name of husband or wife Emma Murray
6.(c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) 12-25-77

8. AGE:

Years	Months	Days	If less than one day
67	11	18	..... hrs. ..... min.

9. Birthplace Lyle Brook N C (Town, county, and state)
10. Usual occupation Electrician
11. Industry or business Erecting Elec equipment

FATHER
12. Name Unknown
13. Birthplace N C

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Identification Card
Address Mrs Emma Murray Pearson Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof 11-24-45 (month) (day) (year)
Cemetery or crematory Arlington
Location Va

18. Funeral director W. Cox Mattingley Sons
Address Leonardtown, Md.

19. 11/23/45 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-22 1945 at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from did not attend, to ..... 19..
and that I last saw him alive on ~~alive on~~ dead 11-22 1945

	DURATION
Immediate cause of death Coronary Thrombosis	
Due to Arterial Sclerosis	Few Days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations .....
Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE H F Greenwell MD
M. D. or other
Address Leonardtown Date signed 11-23-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

11333

CERTIFICATE OF DEATH

Reg. Dist. No. 241

1. PLACE OF DEATH:

County St. Mary's

City or town (Rural) Pearson

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 Day

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State North Carolina County Pitt Co.

City or town (Rural) - Washington R.F.D.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Robert Price Jr.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col	Infant

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1945

8. AGE:

Years	Months	Days	If less than one day
		1	12 hrs. min.

9. Birthplace Pearson, St Mary's

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Robert L. Price

13. Birthplace Pitt Co. North Carolina

MOTHER

14. Maiden name Maggie R. Floyd

15. Birthplace Pitt Co. North Carolina

16. Informant Robt. L. Price

Address Pearson Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-5-45 (month) (day) (year)

Cemetery or crematory Human graveyard

Location Pearson Md.

18. Funeral director Robert L. Price

Address Pearson Md

19 11-4-45 (Date rec'd by registrar)

P.P. Bean, M.D. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1945 at 1 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 5 1945, to 19..

and that I last saw h... alive on Nov. 5 1945

Immediate cause of death	DURATION
Prematurity	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm H Patrick M.D.

M. D. or other

Address Pearson Md Date signed 11-7-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11334

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9.45

1. PLACE OF DEATH:

County: St. Mary's

City or town: Rural - near Mechanicsville, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Passing through in automobile

Hospital, institution, or street address where death occurred:
On highway near Mechanicsville, Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: California County:

City or town: Fresno,
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Rt. 2, Box 115
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME

PUTNAM, Eliot Belleville

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 9-8-24

8. AGE:	Years	Months	Days	If less than one day
	21	2	18	hrs. min.

9. Birthplace: Salina, Kansas
(Town, county, and state)

10. Usual occupation: Aviation Radioman

11. Industry or business: U. S. Navy

FATHER
12. Name: Unknown
13. Birthplace " "

MOTHER
14. Maiden name: Lillian Tinkler Putnam
15. Birthplace: Unknown

16. Informant: U.S. Navy
Address: Air Station, Patuxent River, Md

17. Transportation (Burial, cremation, or removal. Which?) Date thereof: 11-27-45 (month) (day) (year)

Cemetery or crematory:

Location: Fresno, California.

18. Funeral director: P.B. Robinson

Address: Leonardtown, Maryland

19. Nov 27 1945 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 26 November 19 45, at 2:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...
and that I last saw him alive on ... 19 45
and that death occurred on the date above stated; that I last saw him dead 26 November 19 45

Immediate cause of death	DURATION
Intracranial injury	
Due to:	
Due to:	
Other conditions: Fracture, simple, mandible; Base of skull.	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 11-26-45

Where did injury occur? Mechanicsville, St.Mary's, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?): public highway, Rt. #5

Means of injury: automobile accident involving 3 cars. Injured at work? No

23. SIGNATURE: E. G. Hamilton
E. G. HAMILTON, Lt. Comdr. (MC) USNR
M. D. or other

Address: US NAS, Patuxent River, Md. Date signed: 11-26-45

Francis P. Trumwell MD Coroner St Mary's Co Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11335

★ Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St. Mary's

City or town Hollywood, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County St. Mary's

City or town Hollywood
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME William Scriber

3.(b) Social Security Number 220-16-5223

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
m	Colored	widowed

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1865?

8. AGE: Years 80? | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Cabad

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden name Unknown

15. Birthplace "

16. Informant Ernest J. Stewart

Address Hollywood, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/28/45 (month) (day) (year)

Cemetery or crematory St. Johns

Location Hollywood Md.

18. Funeral director C. B. Robinson

Address Leonardtown Md.

19. 11/29 45 Caseales
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1945, at 6:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 30 1945, to Nov 26 1945 and that I last saw him alive on Nov 19 1945

Immediate cause of death	DURATION
Senile Debility	
Due to	
Arterio-Sclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Isaac J. Caseales M. D. or other

Address Leonardtown Md. Date signed 11/27/45

18 nov. 45

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (190)

CERTIFICATE OF DEATH

11336

Reg. Dist. No. 282

1. PLACE OF DEATH:

County: St Marys

City or town: Morganza Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 months

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Leonardtown Md (If outside city or town limits, write RURAL and give nearest town)

Street No.: R. F. D. #1 (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Alexander Sherkliff

3.(b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Oct 21 1867

8. AGE: Years	Months	Days	If less than one day
78	0	30	... hrs. ... min.

9. Birthplace: Near Leonardtown St Marys Md (Town, county, and state)

10. Usual occupation: Labor

11. Industry or business: —

FATHER
12. Name: James Sherkliff
13. Birthplace: St Marys Co

MOTHER
14. Maiden name: Phoebe Landsdale
15. Birthplace: St Marys Co

16. Informant: Mamie Young
Address: Morganza Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Jan 9 1946 (month) (day) (year)

Cemetery or crematory: St Aloysius

Location: near Leonardtown Md

18. Funeral director: W. C. Mattingly Sons

Address: Leonardtown Md

19. 1/9 1946 (Date rec'd by registrar) Cavalier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 17 1945, at [illegible] M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from saw deceased 19 Jan 7th 1946

and that I last saw h— alive on ... 19...

Immediate cause of death: Exhaustion and Cold — DURATION: 7 to 10 hrs

Due to: Exposure to woods during a cold night

Due to: being lost in woods

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: F. F. Greenwell Coroner M.D. or other

Address: Leonardtown Date signed Jan 7-46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 109

CERTIFICATE OF DEATH

11337

Reg. Dist. No. 28

1. PLACE OF DEATH:

County St. Mary's

City or town Hollywood
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St. Mary's

City or town Hollywood
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Priscilla Stevens

3. (b) Social Security Number C

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	colored	married

6.(b) Name of husband ~~or wife~~ John F. Stevens

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 1874

8. AGE: Years 71 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name ? Stewart

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace Unknown

16. Informant John F. Stevens

Address Hollywood, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/16/45 (month) (day) (year)

Cemetery or ~~crematory~~ St. Johns

Location Hollywood, Md.

18. Funeral director A. B. Robinson

Address Leonardtown, Md.

19. 11/15/45 (Date rec'd by registrar) 19 ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 13 19 45 at 7:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 8 45 to Nov 13 19 45

and that I last saw her alive on Nov 11 19 45

Immediate cause of death	DURATION
(a) Coronary Thrombosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank A. Cunningham M. D. or other

Address Leonardtown Date signed 11/15/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

11338

Reg. Diat. No. 287

1. PLACE OF DEATH:

County St Marys

City or town Leonardtown Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Leonardtown Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Maggie Lillie May Thomas

3.(b) Social Security Number

4. Sex: Female

5. Color or race: Color

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 30 1930

8. AGE: Years 15 | Months 7 | Days 11 | If less than one day ..... hrs. ..... min.

9. Birthplace Morganza St Marys Maryland
(Town, county, and state)

10. Usual occupation Cook

11. Industry or business

FATHER
12. Name Jessie Thomas
13. Birthplace Anarundle Co

MOTHER
14. Maiden name Margrit Stewart
15. Birthplace St Marys Co

16. Informant Jessie Thomas
Address Leonardtown Md

17. Burial (Burial, cremation, or removal, which?) Date thereof Nov 30 1945 (month) (day) (year)

Cemetery or crematory St Joseph Cemetery

Location Morganza Md

18. Funeral director W. C. Mattingly & Sons

Address Leonardtown Md

19. 11/29 45 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1945, at 11.45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 27 1945, to Nov 27 1945 and that I last saw h alive on Nov 27 1945

Immediate cause of death	DURATION
Diabetes Mellitus	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

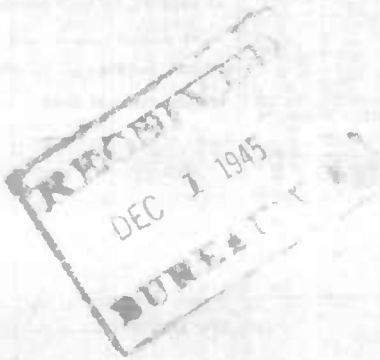
23. SIGNATURE Paul A. Cavaliers M. D. or other

Address Leonardtown Date signed 11/29/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

11339

Reg. Dist. No. 28

1. PLACE OF DEATH:
County: Saint Marys
City or town: Tonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: St. Marys
City or town: Tonsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Mary Olivia Thompson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: Joseph P. Thompson
B.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 20, 1859

8. AGE: Years	Months	Days	If less than one day
86	7	-	..... hrs. ..... min.

9. Birthplace: Tonsville (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: John A. Brooks
13. Birthplace: St. Marys Co.
MOTHER 14. Maiden name: Mary M. Gramer
15. Birthplace: St. Marys Co
16. Informant: Warren S. Thompson
Address: Tonsville
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 22 1945 (month) (day) (year)
Cemetery or crematory: St. Josephs
Location: Margaretta, St. Marys Co. Md.
18. Funeral director: W. L. Smallwood Sons
Address: Leonardtown, Md.
19. 11/21 19 45 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 20 1945 at 12:15 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 19 44 to Nov 20 1945 and that I last saw h... alive on Nov. 18 1945

Immediate cause of death	DURATION
Senile Debility	
Due to: Arterio-sclerosis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

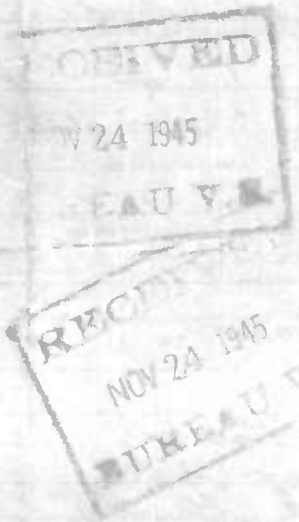
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: Grace A. Carvalho M. D. or other
Address: Leonardtown Date signed 11/21/45

M MARGIN RESERVED FOR BINDING I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15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11340

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

CERTIFICATE OF DEATH

Reg. Diat. No. 282

1. PLACE OF DEATH:

County: St Marys

City or town: St Georges Island Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime, visiting visitor

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: 1430 Minnesota Ave S.E. County: Washington D.C.

City or town:

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: William Robert Walther, William Robert

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife: Myrtle Bartley Walther

6.(c) If alive, give age: 23 years

7. Birth date of deceased (mo., day, yr.): July 26 - 1920

8. AGE: Years: 25 Months: 3 Days: 21 If less than one day: ..... hrs. ..... min.

9. Birthplace: Washington D.C. (Town, county, and state)

10. Usual occupation: Engineer

11. Industry or business:

FATHER 12. Name: William Julius Walther

13. Birthplace: Germany

MOTHER 14. Maiden name: Lillie Caroline Oberstaussen

15. Birthplace: Washington D.C.

16. Informant: H. C. Bartley

Address: Navy air Station Patuxent River

17. Buried (Burial, cremation, or removal. Which?) Date thereof: NOV 18 1945 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Washington D.C.

18. Funeral director: W. C. Matthews Sons

Address: Leonardtown Md

19. 11-15-45 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: NOV 15 1945, at 800 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to NOV 15 1945

and that I last saw him alive on ..... 19.....

Immediate cause of death	DURATION
Electrocution	
Due to: Accident	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: NOV 15-45

Where did injury occur? Patuxent River St Marys Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work? No

23. SIGNATURE: F F Greenwell M. D. or other

Address: Leonardtown Date signed: 11-18-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (166)

11341

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County: St. Marys

City or town: Patuxent Beach, California Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Pennsylvania County:

City or town: Edgewood

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: World War II

3. (a) FULL NAME: Rodger Edward Wilson

3. (b) Social Security Number: 186 941

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): November 4 1917

8. AGE: Years	Months	Days	If less than one day
28	0	7	..... hrs. ..... min.

9. Birthplace: Unknown (Town, county, and state)

10. Usual occupation: Lieutenant, U.S.N.R.

11. Industry or business

FATHER — 12. Name: Unknown

13. Birthplace: " "

MOTHER — 14. Maiden name: " "

15. Birthplace: " "

16. Informant: Identification card

Address

17. Transportation (Burial, cremation, or removal. Which?) Date thereof: 11/14/45 (month) (day) (year)

Cemetery or crematory

Location: Wilkinsburg, Penn.

18. Funeral director: C. B. Robinson

Address: Leonardtown, Md

19. 11/14 1945 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 11 1945 at 11:55pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from saw him on, to Nov. 11 1945

and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Internal Hemorrhage	
Due to: Gun shot wound of Heart and both Lungs	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results: gun shot wound of heart & lungs

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Honicide Date of: 11/11/45

Where did injury occur? Patuxent Beach, St. Marys Co. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): in home he was visiting

Means of injury: 32 Cal. revolve Injured at work? No

23. SIGNATURE: F. F. Greenwell M.D. M. D. or other

Address: Leonardtown, Md. Date signed: Nov 12 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

11342

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

CERTIFICATE OF DEATH

Reg. Diat. No. 281

1. PLACE OF DEATH:
County St. Mary's
City or town Rural (Ridge)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County St. Mary's
City or town (Rural) Ridge
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rurel, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Eulalia Anna Wood

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6.(b) Name of husband or wife James Walter Wood
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 10-18-1879

8. AGE:

Years	Months	Days	If less than one day
66	1	1	hrs. min.

9. Birthplace Beachville Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Alex. Jamison
13. Birthplace Clements Md.
MOTHER 14. Maiden name Anna Maria Bailey
15. Birthplace Maryland
18. Informant Mrs Clyde Raley
Address Beachville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-19-45 (month) (dey) (year)
Cemetery or ~~crematory~~ St. Michaels
Location Ridge, Md.
18. Funeral director W. T. Mattingly Son's
Address Leonardtown Md
19. 11-17-1945 (Date rec'd by registrar) P. J. Bean M.D. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17, 1945, at 11:30 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1945, to Nov. 17, 1945 and that I last saw h.. alive on Nov. 16 1945

	DURATION
Immediate cause of death	
Chronic Valvular Heart Disease	1 year
Due to	
Multiple arthritis	3 years
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE P. J. Bean M.D.
M. D. or other
Address Great Mills Md Date signed 11/17/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING